



DEPARTMENT OF HEALTH
BOARD OF ORTHOTISTS AND PROSTHETISTS
4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257
850/245-4355

APPLICATION INSTRUCTIONS Internship/Residency

Please read these instructions and the laws governing the practice of orthotics and prosthetics before completing your application. Within 30 days receipt of your application, you will be sent a written application status notice. **You can also visit the board's web site for additional information at www.doh.state.fl.us/mqa/OrthPros/index.html**

APPLICATION PROCESSING:

No application is complete until all required documentation and fees are received. Every question on the application must be answered. All documents and photos become a permanent part of your file and cannot be returned. You will be notified in writing if any additional documentation is required to complete your application. Applications are reviewed in date order received and **written** notice of application status will be sent to you at the mailing address you give in your application. The Board office must be notified **IMMEDIATELY** in writing of any changes to your application. Failure to do so could result in the denial of the application or revocation of licensure. **EXAMPLES:** change of address, employment, licensure status in another state, or an incorrect answer to a question. As a reminder to all applicants, please understand that Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

APPLICANT HISTORY:

The Board of Orthotists and Prosthetists understands that mental health counseling or treatment is a part of many persons' lives and such counseling or treatment does not disqualify an applicant from the practice of orthotics, prosthetics, or pedorthics. Furthermore, the Board does not wish to pry into the private affairs of an applicant. However, the Board is obligated to determine whether an applicant is physically and mentally fit to practice orthotics, prosthetics, or pedorthics. The Board is not seeking disclosure of counseling or treatment for a dramatic or upsetting event such as death, breakup of a relationship or a personal assault, even if such event does affect the applicant's ability to practice for a limited time.

MAILING ADDRESS:

List your complete mailing address, including street and apartment numbers and zip codes. The mailing address given in your application is where any correspondence from this office will be sent, including the permanent registration. You can utilize a P.O. Box or practice mailing address in lieu of a home address if you want to avoid having your home address listed on the Web Site. If there is a change in your mailing address, you must submit any change **in writing**. Include in your letter your full name, your social security number, the complete new address and new telephone numbers.

SOCIAL SECURITY NUMBER:

Mandatory disclosure of social security numbers pursuant to Federal Law:

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013, 409.2577, and 409.2598, Florida Statutes.** Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

FINGERPRINT CARD/BACKGROUND CHECK: The Division of Medical Quality Assurance began scanning fingerprint cards and electronically submitting fingerprints to FDLE/FBI for background screening. The FDLE/FBI fee is \$48.00. Two properly executed fingerprint cards must be submitted with this application. The fingerprint cards will be used by the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI) to conduct a background check as required by law. See the instructions below for the proper procedures for completing/executing the fingerprint card. Failure to accurately follow these instructions may result in additional costs, which must be borne by you, and will result in a significant processing delay. Fingerprint cards can only be provided by mail. To obtain the fingerprint card you need to log on to www.fldoh.sofn.net

DOCUMENTATION AND FEES REQUIRED FOR REGISTRATION

All documents must have original signature

- 1) **FEES: Registration** for all registration levels - \$553
(\$250 Application fee + \$250 Registration fee + \$48 FDLE/FBI Background Check + \$5 Unlicensed Activity fee)

The above fees must accompany the application or the application will not be processed. **ALL FEES MUST BE SUBMITTED WITH THE APPLICATION.** All fees include a non-refundable application fee; however, the registration fee may be refunded if you are denied. Make certified check or money order payable to **DOH - Board of Orthotists and Prosthetists**. The FDLE/FBI background check processing fee is also non-refundable once initiated. Background checks are initiated upon receipt of applications.

- 2) **APPLICATION FORM.** The application is 3 pages long.

- 3) **PHOTO:** One 2"X 2" photograph. HEAD AND SHOULDERS SHOTS ONLY. No casual photos.

- 4) **PROOF OF GRADUATION:**

- Graduates of U.S. schools must submit:
 - Official transcript with seal of the school registrar, including degree and date of graduation, submitted directly to the board office by the school. **NOTE: A COPY OF YOUR DIPLOMA IS NOT SUFFICIENT PROOF OF EDUCATION**
- Graduates of foreign schools must submit:
 - Certified copy of the original transcript and seal.
 - Certified translations of any document in a language other than English.
 - Foreign credentials evaluation by board approved evaluators (See attached)

If requirements for graduation have been met but the official ceremony for graduation has not been held, the Board will accept a letter from the director of the program and seal of the registrar stating that you **have met graduation requirements**. This letter must be addressed to the Florida Board of Orthotists and Prosthetists.

- 7) **VERIFICATION OF ANY FOREIGN LICENSE THAT YOU HOLD OR HAVE EVER HELD:**

The verification, with an English translation, must be sent directly to the Florida Board. A notarized copy of your foreign license, with a translation into English is acceptable.

- 8) **COURSE VERIFICATION IN PREVENTION OF MEDICAL ERRORS:** Board approved 2 Hour Course on Prevention of Medical Errors.

- 9) **FINGERPRINT CARD/BACKGROUND CHECK:** The Division of Medical Quality Assurance began scanning fingerprint cards and electronically submitting fingerprints to FDLE/FBI for background screening. The FDLE/FBI fee is \$48.00. Two properly executed fingerprint cards must be submitted with this application. The fingerprint cards will be used by the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI) to conduct a background check as required by law. See the instructions below for the proper procedures for completing/executing the fingerprint card. Failure to accurately follow these instructions may result in additional costs, which must be borne by you, and will result in a significant processing delay. Fingerprint cards can only be provided by mail. To obtain the fingerprint card you need to log on to www.fldoh.sofn.net

NOTE: Language interpretation services are available to applicants for licensure who have limited-English proficiency or a hearing/speech impairment. If you need an interpreter in order to talk with your application processor, please indicate that information when you call the board office. An interpreter and the processor will call you back shortly in order to handle your call.

COMPLETING THE FINGERPRINT CARD

The Division of Medical Quality Assurance began scanning fingerprint cards and electronically submitting fingerprints to FDLE/FBI for background screening. The FDLE/FBI fee is \$48.00. To obtain a finger print card you to log on to www.fldoh.sofn.net

1. Complete **ONLY the following blocks** on the front of the fingerprint card (leave all other blocks blank):

Name (last, first, middle)	Signature of Person Fingerprinted	Aliases (AKA...nicknames)
Residence of Person Fingerprinted	Date of Birth	Citizenship
Sex	Race	Height
Weight	Color of Eyes	Hair Color
Place of Birth (City & State/Country)	Social Security Number	

2. Take the completed fingerprint card to your nearest Law Enforcement Agency. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies/departments do charge for executing fingerprint cards, and these costs must be born by you. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must also be signed by a law enforcement official in the appropriate block. Please be advised, however, that you may be required to submit additional fingerprint cards should your initial fingerprint card be rejected by the Florida Department of Law Enforcement or the Federal Bureau of Investigation. Please submit your fingerprint card to the board office as soon as possible, as Florida law will not allow the issuance of a registration to practice until a report from the background check has been received by the board office. Discrepancies between the information contained in your application and the information received in the reports from the criminal history background check will cause a delay in the processing of your application and/or the issuance of your registration, and may require a personal appearance before the Board.

3. The following may cause **REJECTION OR EXTREME DELAY IN PROCESSING** your fingerprint card:

- Low quality print by dot matrix printers
- Poor penmanship
- Use of **ANY** highlighter in entry block
- Entry not within boundaries of entry block
- Labels applied to "**Leave Blank**" areas
- Submission on nonstandard fingerprint card
- Use of Pencil or ink other than black
- Incomplete descriptive data (e.g. incomplete birth date)
- Missing Originating Agency Identifier (ORI)
- Fingerprints missing, out of sequence, of poor quality or rolled on back of card
- Fingerprints missing with no reason given

The FBI requires that all fingerprints images be present on fingerprint submissions. This includes ten rolled impressions and four plain impressions.

ACCEPTABLE FOREIGN CREDENTIALS EVALUATION SERVICES

- | | | | |
|----|--|----|--|
| 1. | JOSEF SILNY & ASSOCIATES
INTERNATIONAL EDUCATIONAL
COUNSULTANTS
7101 SW 102 AVENUE
MIAMI, FL 33173
PHONE: (305) 273-1616
FAX: (305) 273-1338 | 5. | FOUNDATION FOR INTERNATIONAL
SERVICES, INC.
19015 NORTH CREEK PARKWAY, #103
BOTHHELL, WA 98011-3975
PHONE: (206) 487-2245
FAX: (206) 487-1989 |
| 2. | EDUCATION CREDENTIAL
EVALUATORS, INC.
P.O. BOX 92970
MILWAUKEE, WI 53202-0970
PHONE: (414) 289-3400 | 6. | INTERNATIONAL CONSULTANTS
OF DELAWARE, INC.
109 BARKSDALE PROFESSIONAL CTR
NEWARK, DE 19711
PHONE: (302) 737-8715 |
| 3. | INTERNATIONAL EDUCATION
RESEARCH FOUNDATION, INC.
P.O. BOX 66940
LOS ANGELES, CA 90066
PHONE: (310) 390-6276
PHONE: (310) 397-7686 | 7. | CENTER FOR APPLIED RESEARCH,
EVALUATION & EDUCATION, INC.
P.O. BOX 20348
LONG BEACH, CA 90801
PHONE: (562) 430-1105 |
| 4. | FOREIGN ACADEMIC CREDENTIALS
SERVICES, INC.
P.O. BOX 400
GLEN CARBON, IL 62034
PHONE: (618) 288-1661 | 8. | WORLD EDUCATION SERVICES, INC.
P.O. BOX 745
OLD CHELSEA STATION
NEW YORK, NY 10113-0745
PHONE: (212) 966-6311 |

WHEN REQUESTING AN EVALUATION, PLEASE REQUEST A SUBJECT BREAKDOWN. This list is updated annually. The board office is not responsible for changes in telephone numbers subsequent to publication of this application.

APPLICATION CHECKLIST

Use the following checklist to help ensure that you send in all necessary documentation for licensure in the State of Florida.

- _____ 1. APPLICATION FORM.
 - All questions answered on all required pages and if question not applicable, marked with N/A.
 - All "YES" answers accompanied by an explanation or affidavit, as instructed.
- _____ 2. FEES. (Please make certified check or money order payable to DOH – Board of Orthotists and Prosthetists).
- _____ 3. PHOTO. Attach (1) 2"X2" photo to application. HEAD AND SHOULDERS ONLY.
- _____ 4. ADDRESS. The correct mailing address is listed, in full. If there is ANY CHANGE IN ADDRESS during the application process, you must immediately notify the board office of any change in writing.
- _____ 5. PROOF OF GRADUATION.
- _____ 6. VERIFICATION(S) OF LICENSE/REGISTRATION IN ANOTHER STATE OR COUNTRY.
- _____ 7. Fingerprint Card/Background Check
- _____ 8. Prevention of Medical Errors

RETURN APPLICATION, FEES, AND SUPPORTING DOCUMENTS TO:

Florida Department of Health
Board of Orthotists and Prosthetists
Post Office Box 6330
Tallahassee, Florida 32314-6330

ADDITIONAL DOCUMENTATION, NOT ACCOMPANIED BY A FEE, SHOULD BE SENT TO:

Board of Orthotists and Prosthetists
4052 Bald Cypress Way, Bin #C07
Tallahassee, Florida 32399-3257

NAME: _____

5. APPLICANT REGISTRATION STATUS: (Attach additional sheets if necessary)

- a. Do you now hold or have held a license or certificate of registration to practice any profession under Chapter 468, Part XIV, F.S., in any state, U.S. territory or foreign country? Yes No

If yes, list all such licenses/registrations: State and License/Registration Number and date of original License/Registration. If License/Registration is not now in force, state how and when validity ceased.

6. APPLICANT HISTORY: ANSWER ALL QUESTIONS. DO NOT LEAVE ANY QUESTION BLANK. (Note: Any "yes" answers must be accompanied by an attached document explaining in detail the answer. This must include all pertinent information such as explanation(s), date(s), address(es), physician(s), institution(s), agency(ies), and hospital(s). Additional information may be requested, such as court documents, employment verification, evaluation letters from treating physicians, etc.)

- a. Have you ever been denied licensure/registration/certification in a health-related profession or any other profession? Yes No
- b. Have you had action filed against you relating to the practice of this profession or any health care profession? Yes No
- c. Have you had a license/registration/certification to practice any profession, revoked, suspended or otherwise sanctioned, including denial of licensure by the licensing authority of any state, territory, or country? Yes No
- d. Have you ever been named in a malpractice suit or sued for malpractice? Yes No
- e. Have you ever been disciplined, terminated or allowed to resign, in lieu of termination, from an employment setting where employed as an Orthotist/Prosthetist, etc., or in any capacity in any other profession? Yes No
- f. Have you ever lost your civil rights? Yes No (If yes, provide original court documents showing reinstatement.)
- g. To the best of your knowledge, is there any disciplinary action pending against you by any licensing board and/or professional organization? Yes No

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

- h. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? YES NO (if no, do not answer i.)
- i. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction? YES NO
- j. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? YES NO (If no, do not answer k.)
- k. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES NO
- l. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? YES NO (If no, do not answer m and n.)
- m. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? YES NO

NAME: _____

- n. Did the termination occur at least 20 years prior to the date of this application? [] YES [] NO
- o. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if, adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purpose of this question. [] Yes [] No (If yes, provide a certified copy of arrest records and court disposition documents.)
- p. Have you ever been requested to leave, temporarily or permanently, an educational training program prior to the completion of the program? [] Yes [] No
- q. Have you ever been arrested or criminally or civilly charged with any intentional or negligent action related to the use or misuse of drugs, alcohol, or illegal chemical substances? [] Yes [] No

7. INTERN/RESIDENT REGISTRATION STATUS: (Attach additional sheets if necessary)

- a. Do you now hold or have held a license or certificate of registration to practice any profession under Chapter 468, Part XIV, F.S., in any state, U.S. territory or foreign country? [] Yes [] No

If yes, list all such licenses/registrations

(State)	(type of license)	(license #)	(status)	(month/year of issuance)

* Each state must complete the attached verification form and submit it directly to the Board office.

**8. UNDERGRADUATE AND GRADUATE EDUCATION INFORMATION: (Provide additional sheets if necessary)
Transcripts and/or certificates must be provided directly to the board office from institution**

Name and Location of Institution: _____ Dates of Attendance: _____

Type of Degree Earned and Date Received: _____

Name and Location of Institution: _____ Dates of Attendance: _____

Type of Degree Earned and Date Received: _____

9. SUPERVISOR'S INFORMATION (To be completed by Intern/Resident Applicant's Supervisor)

Name of Supervisor: _____ Florida License # _____

Practice Location: _____
(Street Address) (Apt #)

Name of Practice: _____

(city) (State) (zip)

Telephone Number: (____) _____

Date Internship/Residency Starts: _____ Date Internship/Residency Ends: _____
Month/Day/Year Month/Day/Year

NOTE: Registration Only Valid for 2 years

I agree to supervise the referenced resident/intern in accordance to the requirements set forth in Rule 64B14-4.100. I further agree that if this supervision is terminated for any reason, I shall inform the Board in writing within five (5) business days. At the conclusion of the supervision/termination period I shall complete the Verification of Clinical Experience form confirming the completion of the training period. I will also include a detailed narrative of my work experience and reasons for early termination of supervision

The above information is true and correct to the best of my knowledge.

(Signature of Supervisor) (Date)

10. INTERN/RESIDENT SIGNATURE

I agree to abide by the laws and rules of the state of Florida and to follow the direction of my supervisor in accordance to the requirements set forth by Rule 64B14-4.100. I further agree that if this supervision is terminated for any reason, I shall inform the Board in writing within five (5) business days. I will also include a detailed narrative of my work experience and reasons for early termination of supervision.

I, _____, certify the above information is true and correct.
Print Name

Signature of Internship/Residency Applicant Date